

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		1-11-00
O.I.P.E. CLASSIFIER		15	1 27 50
FORMALITY REVIEW	EW	64934	2 4 00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/29/02
2	✓	✓	11/17/02
3	✓	✓	4/8/03
4	✓	✓	8/26/02
5	✓	✓	12/1/00
6	✓	✓	6/19/01
7	✓	✓	
8	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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